

## PROOF OF CLAIM

Name of Debtor Debit Corporation of America, Inc.		Case Number 04-14360 - BKC - AJC		RECEIVED VIA MAIL FILED CLERK OF COURT JAN 14 2004 TAMPA, FLORIDA	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. (See Local Rule 3001-1(B))					
Name of Creditor (The person or other entity to whom the debtor owes money or property): Lance Stemple Name and Address where notices should be sent:  Lance Stemple 7085 Bobby Jean Rd. Julian NC 27283-9207  Telephone Number: 336-253-6052		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.			
Account or other number by which creditor identifies debtor: (If SS# only list last 4 digits of SS#):		Check here if <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____			
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: <u>xxx-xx-</u> _____ Unpaid compensation for services performed from _____ to _____ (date) (date)			
2. Date debt was incurred:		3. If court judgment, date obtained:			
4. Total Amount of Claim at Time Case Filed: \$ _____ + _____ + \$ <u>9500.00</u> = \$ <u>9500.00</u> (Unsecured Nonpriority) (Secured) (Unsecured Priority) (Total)					
Complete items 5, 6, and 7 (as applicable) to further describe the amount(s) you indicated in item 4. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  Value of Collateral: \$ _____  Amount of arrearage and other charges at the time the case was filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,925)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$ 2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)( ).  *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.			
6. Unsecured Nonpriority Claim \$ _____ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			
9. Supporting Documents: Attach legible copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Supporting documents should not exceed 5 pages (See reverse for instructions)		10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Research and/or copy charges will apply for future copy requests of claims.			
Date 5.25.04	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Lance R. Stemple LANCE R. STEMPLE				
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.					

5-25-04

To United States Bankruptcy Court Southern District of Florida.

This letter is in reference to the Debtor:

Debit Corp. of America, Inc.

Case # 04-14366-BKC-AJC

Enclosed are a purchase order and other related correspondence to have my \$9500.00 returned as I have not received what was promised in their offering.

For the last 4 weeks I have again been trying to get a return authorization from Harvey Wall for 3 "sales systems". He said that he was getting 3 new TV monitors to send and that he would be receiving them 5.14.04.

I have never received the 3 systems purchased from Debit Corporation of America; that have ever operated properly; to complete our agreement.

I have been working on this since I first began this faulty venture and still have not have them live up to their side of the business.

Thank you for your assistance,

Lance L. Stemple  
7085 Bobby Jean Road.  
Jelison, N.C. 27283

P.S. There are numerous other copies of correspondence with Pat Jones at N.C. Atty General's office - Consumer Protection

**CONSUMER  
COMPLAINT**

**MAIL TO:** CONSUMER PROTECTION  
ATTORNEY GENERAL'S OFFICE  
POST OFFICE BOX 629  
RALEIGH, NORTH CAROLINA 27602  
TELEPHONE: (919) 716-6000  
FAX: (919) 716-6050

**FROM:**

YOUR NAME(S) (MR. X MRS. \_\_\_\_\_ MS. \_\_\_\_\_) LANCE STEMPEL

ADDRESS 7095 BOBBY JEAN ROAD

CITY JULIAN STATE N.C. ZIP 27283

TELEPHONE: HOME (336) 685-9506 BUSINESS (336) 253-6052

(List spouse's business telephone number if both are filling the complaint and indicate whose number it is.) (\_\_\_\_) \_\_\_\_\_

**BUSINESS OR PERSON COMPLAINED ABOUT:**

NAME DEBIT CORPORATION OF AMERICA

ADDRESS 11900 BISCAYNE BLVD. STE. 699

CITY MIAMI STATE FL ZIP 33181

TELEPHONE (305) 592-3001 800-468-3213

Please write the name, address, and telephone number of your ~~attorney~~ here, if you have one:

→ New address 14895 NE 20th AVE.  
NORTH MIAMI, FLORIDA 33181

**WHAT DOES THE CONSUMER PROTECTION OFFICE DO?**

The Attorney General's Consumer Protection Office acts to protect the public from unlawful business practices. While we can often assist with the mediation of a dispute, we do not have the authority or resources to act as a lawyer for consumers in individual disputes. We encourage citizens to send us information about suspect business practices because this helps us identify areas for enforcement.

**INSTRUCTIONS**

Please explain your complaint on the reverse side of this form. You may use additional sheets, if necessary. We will send a copy of your complaint to the business you are complaining about, so please type or write clearly. Try to be brief, but be sure to tell **what** happened, **when** it happened, and **where** it happened.

Be specific about any oral statements the business made to you, **ESPECIALLY** those which influenced you to deal with the company. It is also **IMPORTANT** to send us photocopies of any written contract, receipts, warranty, advertisements, or letters which are involved.

Lance R. Stemple  
7085 Bobby Jean Road  
Julian, North Carolina 27283

February 12, 2004

Mr. Jack Gordon, President  
Debit Corporation of America  
11900 Biscayne Blvd. STE 699  
Miami, FL 33181

Dear Mr. Gordon:

I began doing business with you July 8, 2003 by sending \$9500.00 for three of your prepaid MasterCard "marketing systems". This sale was arranged by Jeff Kuba.

I started placing the systems into retail locations July 29, 2003.

One of the Daewoo units stopped producing sound in Sept. 2003. Harvey Wall said to call Daewoo to find the nearest service center, which is in a distant city.

I took it to Anders Service Center 10-09-03 and finally received it back 11-13-03. The sound stopped working again 11-14-03.

Harvey Wall said to call Daewoo about getting the unit replaced. After four weeks of dealing with Daewoo they finally shipped a refurbished unit 12-18-03. After receiving it I sent the bad one to them 12-30-03. The unit they sent me would not rewind automatically.

While all this was happening one of the other units also stopped rewinding automatically and the third unit stopped showing any picture although the sound continued to work.

Harvey Wall shipped three more Daewoo units to replace the first three that were not operating properly. I then sent the three "bad" units back in those shipping boxes.

Upon testing the three replacements one of the units picture was not operating properly, but then it seemed to work after a while. I placed it into service and got a call the next day that the picture was not working. They, of course, turned it off. I replaced it with one of the other units.

Harvey Wall said to take this bad unit to the service center. This has been an exasperating ordeal.

As you can see by this letter I have not received three operating systems as promised for the purchase price of \$9500.00.

I have been told that this system works after prolonged exposure to the public who then begin to purchase the prepaid MasterCard certificates. Because of these faulty systems much exposure time has been lost.

I am now requesting that my \$9500.00 be returned to me as I have not received what was promised in your offering.

I will return to you all the systems and certificates upon receipt of the \$9500.00.

Thank you for your attention,

Lance Stemple

March 24, 2004

Fax to Patricia Jones  
N.C. Atty. Generals Office  
Consumer Protection  
Fax # 919-716-6050

2 pages including cover

Dear Pat,

This letter is in reference to our conversation this afternoon.

Please add this information to previous correspondence.

The final location in which I had placed a Debit Corporation sales system called today and requested that it be removed because the automatic rewind and play of the video player was malfunctioning. This is now the seventh of seven systems to fail. Again, I am requesting that Debit Corporation of America return my \$9500.00 for failure to provide what was promised in their offering. I do know that they have offered to replace these faulty monitors but I see no reason to continue this relationship.

Again, Debit Corporation has said that it takes 60 to 90 days of exposure to the public for each of these systems to begin producing sales of their prepaid Mastercard certificates. I purchased three systems and have now dealt with seven total because of malfunctions. I will send the three remaining systems and all related material back to Debit Corporation of America upon receipt of the \$9500.00.

Thank you for your assistance,

Lance Stemple

**PURCHASE ORDER**  
**DEBIT CORPORATION**  
**OF AMERICA, INC.**

3475 Sheridan Street, Suite 215F, Hollywood, FL 33021

Phone: (954) 981-4447 • Fax: (954) 981-4421

Toll Free: (800) 468-3213 • Fax: (800) 468-1836

ID# 003701/003702 003742  
County CHATHAM/GUILFORD/ALAMANCE

Purchaser's Name LANCE STEMPLE

Date 6-7-8-03

Purchaser's Address 7085 BOBBY JEAN ROAD

City JULIAN State NC Zip 27283

Home Phone 336-685-9506 Business Phone 336-253-6052

No. of Sales  
Systems to ship: 3

Face Value of Prepaid MasterCard  
Activation Certificates to ship: \$ 3,000.

Purchase Price Sales Systems \$14,915 9,500.00 \$ 14,915 9,500.00

Purchase Price of Additional Items N/C \$ N/C NC

Total \$14,915 9,500.00 \$ 14,915 9,500.00

Sales Tax (FL Residents Only) N/C \$ N/C NC

Amount Paid \$14,915 9,500.00 \$ 14,915 9,500.00

*PURCHASER CAN BUY ADDITIONAL SALES SYSTEMS FOR \$1,000. EACH.*

Special Provisions DISTRIBUTOR WILL RECEIVE CONTINUING RESIDUALS DERIVED FROM TRANSACTION FEES GENERATED BY THE USE OF THE PREPAID MASTERCARD. THESE RESIDUAL PAYMENTS WILL BE PAID TO THE ISR RESPONSIBLE FOR THE INITIAL DISTRIBUTION OF THE PRODUCT.

Purchaser acknowledges the receipt of all Disclosure Documents of Seller ten (10) business days prior to acceptance and deposit of funds and that **this sale is subject to the terms on the reverse of this Purchase Order.**

**ACCEPTED AND APPROVED**

By: [Signature]  
COMPANY OFFICER

By: [Signature]  
BUYER